

EXHIBIT J

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE

2020 DEC 21 PM 2:43

Peter Rodriguez

Write the full name of each plaintiff.

20 CV 9840

(Include case number if one has been assigned)

-against-

AMENDED
COMPLAINT

city of New York, ESU CAPTAIN MOISE #1451 (Prisoner)

CAPTAIN GIBSON, ESU OFFICER WILLIAMS #11475 Do you want a jury trial?
☒ Yes ☐ No

ESU OFFICER GALUEZVSKIY #8957,

C.O. FERRARO #1805

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Peter	L	RODRIGUEZ
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-16-03090

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MANHATTAN Detention Complex

Current Place of Detention

125 white street

Institutional Address

NY	NY	10013
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced prisoner
- ☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

City of New York
 First Name Last Name Shield #
 Government
 Current Job Title (or other identifying information)
 City HALL
 Current Work Address
 NY NY 10007
 County, City State Zip Code

Defendant 2:

GIBSON
 First Name Last Name Shield #
 CAPTAIN
 Current Job Title (or other identifying information)
 125 white street
 Current Work Address
 NY NY 10013
 County, City State Zip Code

Defendant 3:

MOISE
 First Name Last Name Shield #
 ESU CAPTAIN
 Current Job Title (or other identifying information)
 75-20 ASTORIA BLVD
 Current Work Address
 E. ELMHURST NY 11370
 County, City State Zip Code

Defendant 4:

FERRARO
 First Name Last Name Shield #
 CORRECTION OFFICER
 Current Job Title (or other identifying information)
 125 white street
 Current Work Address
 NY NY 10013
 County, City State Zip Code

IV. DEFENDANT INFORMATION

continued

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 5:

5

GALVEZVSKIY 8957
 First Name Last Name Shield #
 ESU officer
 Current Job Title (or other identifying information)
 75-20 ASTORIA BLVD
 Current Work Address
 E. ELMHURST NY 11370
 County, City State Zip Code

Defendant 6:

6

Williams 11475
 First Name Last Name Shield #
 ESU officer
 Current Job Title (or other identifying information)
 75-20 ASTORIA BLVD
 Current Work Address
 E. ELMHURST NY 11370
 County, City State Zip Code

Defendant 3:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: MANHATTAN Detention ComplexDate(s) of occurrence: Monday August 31st, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON August 31, 2020 there was a fire in my cell, (3) cell. C.O. FERRARO came to put the fire out BUT ESU CAPTAIN MOISE TOLD C.O. FERRARO TO "GO AWAY, we got this" AND C.O. FERRARO PASSED the fire extinguisher to ESU officer GALUEZVSKIY AND LEFT the Housing unit. Then ESU officer GALUEZVSKIY PASSED HIS CAN OF MACE to ESU officer WILLIAMS AND then began to spray me with the fire extinguisher while officer ESU WILLIAMS SPRAYED me with both his and ESU officer GALUEZVSKIY's CAN OF MACE. After that they put me in cuffs AND took over 15 minutes to get me to the Decontamination shower. ESU CAPTAIN MOISE WAS in charge of the ESU officers AND CAPTAIN GIBSON WAS the Area Supervisor for my housing unit (9 south). After 3 or more hours in the Decontamination shower CAPTAIN GIBSON Bribing/coercing me stating "IF you REFUSE MEDICAL ATTENTION I will give you your

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PROPERTY BACK, ^(PB) IF NOT you get nothing."
 I TOLD CAPTAIN GIBSON that I have asthma
 AND I TAKE steroid MEDICATION for it AND
 that not ONLY I WAS exposed to O.C.
 chemical Agents spray (MACE) but ALSO
 toxic fumes from smoke inhalation, she
 then stated "I HAVE to do PAPERWORK AND
 that cant Be done IF I AM in the clinic
 with you." so I Refused Medical
 attention out of fear of Retaliation
 AND WAS PLACED IN ^(same) a cell which was still
 filled with SMOKE AND FIRE DEBRIS AND
 O.C. SPRAY (MACE). I WAS ISSUED AN ^(PB)
 INFRACTION which WAS LATER DISMISSED.
 ALL DEFENDANTS ARE IN VIOLATION OF MY 8th
 AMENDMENT rights SUBJECTING me to cruel and
 UNUSUAL punishment. ESU officers Williams
 and GALUEZVSKIY used EXCESSIVE AND
 UNNECESSARY force violating the Federal NUNEZ
 settlement Agreement, CAPTAIN MOISE ESU FAILED
 to Adequately supervise ESU officers Williams
 and GALUEZVSKIY. CAPTAIN GIBSON INTERFERED
 with my ^(PB) MEDICAL care. City of NY IS
 LIABLE for their Failure to Adequately train,
 and supervise ALL Defendants mentioned above.
 NO grievance WAS filed because of my fear
 of retaliation and fear for my Life threatened
 by ABOVE Defendants I WAS intimidated.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Breathing Problems, chest pains, Blurry vision, skin/eye
Burning irritation, Anxiety, post traumatic
stress disorder, sleep problems, ASTHMA treatment,
Medical care needed, pain medication, visine
for eyes.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

compensatory DAMAGES Relief - 1 million
general DAMAGES Relief - 1 million
ACTUAL DAMAGES Relief - 1 million
Future harm DAMAGES Relief - 1 million
PUNITIVE DAMAGES Relief - 1 million

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12/10/20
 Dated
 Peter L
 First Name Middle Initial
 125 white street
 Prison Address
 ny ny 10013
 County, City State Zip Code

Plaintiff's Signature
 Rodriguez
 Last Name




Date on which I am delivering this complaint to prison authorities for mailing:



12/10/20



		CORRECTION DEPARTMENT CITY OF NEW YORK		ATTACHMENT A	
REPORT AND NOTICE OF INFRACTION				Form 6500A Rev. : 08/04/15 Ref. : Ctr. #6500R-C	
Infraction #: 1950-20	Institution: MDC	Date of Incident: 08/31/20	Time Infraction Written: 1845	Date of Report: 08/31/20	
Inmate Name (Last, First): RODRIGUEZ, PETER		B&C Sentence #: 3491603090	NYSID #: 09839298P		
Location of Incident (Be Specific): cell #3		Housing Area Location: 9 South	Approximate Time of Incident: 1800 Hrs.		
Charge # 105.10	Offense Creating a Fire, Health or Safety Hazard	Charge #	Offense		
100.10:	Arson (setting fires)				
Reporting Official (Print Name, Rank and Shield #): CO Ferraro #1805		Reporting Official (Signature): <i>[Signature]</i> 1845			
Details of Incident (Include details as to How, When and Where Infraction was Committed): <p>On Monday August 31, 2020 I CO Ferraro #1805 was assigned to 9 South on the 1500x2331 tour. At approximately 1800 hrs, this writer observed a flickering light coming from cell #3 which is occupied by inmate RODRIGUEZ, PETER B/C 3491603090 NYSID 09839298P. It appeared to have been flames, so this writer went to retrieve a fire extinguisher and begun putting out the fire from the food slot. At this time Capt Moise #1451 instructed this writer to relinquish the fire extinguisher to ESU officer Galuevzskiy #8957, whom continued to put the fire out once inmate Rodriguez's cell was opened. While said Officer continued to extinguish the fire, inmate Rodriguez advanced toward ESU staff which in return caused Officer Williams #11475 to utilized a (1) 2 second burst of chemical agents to said inmates facial area. The chemical agents took its desired effect, inmate Rodriguez placed his hands behind his back and complied with ESU staff order to exit the housing area. Inmate Rodriguez was later escorted to the intake for the decontamination process without further incident.</p> <p style="text-align: center; font-size: 1.2em;"><i>Time 1800 Fire started</i></p>					
You are entitled to a hearing for this infraction no sooner than twenty-four (24) hours after you are served with this notice. If you are a sentenced inmate and you commit an infraction within twenty-four (24) hours prior to your discharge, and have not reached your maximum sentence expiration date, you may be served with charges and held for a hearing. The Department will make every effort to hold this hearing within three (3) business days of the service of this notice. This three (3) business day period excludes the day you are served, weekends, holidays, days you go to court (whether in person or via teleconference), days you are hospitalized or at a hospital attending a clinic, days you leave the facility for an attorney interview, days you are unavailable because you are transferred to another facility and days you are unavailable due to your absence from the facility for any purpose. The three (3) business day period is automatically extended by one (1) business day if you are transferred to another facility prior to your hearing (unless you are a Pre-Hearing Detention Inmate). Commencement of a hearing after three (3) business days is at the discretion of the Adjudication Captain and is not barred by Department rules.					
At your hearing you have the following rights: <ol style="list-style-type: none"> 1. Right to appear personally, unless you waive your right to appear, refuse to attend the hearing or appear at the hearing and become disruptive. 2. Right to make statements. If you choose to remain silent, your silence cannot be used against you. If you make a statement, such statement cannot be used in a subsequent criminal trial unless you have been given a Miranda Warning and then voluntarily testify. 3. Right to present material evidence. 4. Right to present witnesses. 5. Right to the assistance of a Hearing Facilitator. 6. Right to an interpreter if you cannot communicate well enough in English. 7. Right to appeal. 					
Within twenty-four hours of the Adjudication Captain reaching a decision of guilty, you will receive a copy of the "NOTICE OF DISCIPLINARY HEARING DISPOSITION" form informing you of the violation(s) you are found guilty of, the basis for that finding, the evidence relied upon and the penalty to be imposed. The following penalties are the maximum which may be imposed individually or in any combination: <ol style="list-style-type: none"> 1. Reprimand. 2. Loss of privileges. 3. Loss of good time if you are a sentenced inmate. 4. Punitive segregation for up to thirty (30) days per each applicable individual charge. 5. Restitution for intentionally damaging or destroying City property. A twenty five (\$25) dollar disciplinary surcharge will be imposed on all inmates found guilty of a Grade I or Grade II offense. You have the right to appeal an adverse decision rendered by the Adjudication Captain.					
Interpreter Requested: <input type="checkbox"/> Yes (If yes, include what language) <input checked="" type="checkbox"/> No					
Hearing Facilitator Requested: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Witness(es) Requested: <input type="checkbox"/> Yes (If yes, include witness(es) Name, Book and Case Number (if Inmate) or Shield/ID (if staff) and Location (if Inmate) or Post (if staff)) <input checked="" type="checkbox"/> No					
Witness (Print Name): _____		B&C Number: _____		Location: _____	
Witness (Print Name): _____		B&C Number: _____		Location: _____	
Witness (Print Name): _____		B&C Number: _____		Location: _____	
Witness (Print Name): _____		Shield/ID Number: _____		Post: _____	
I certify that I received a copy of this notice:		Signature of Inmate: <i>[Signature]</i>		Date: 9/3/2020	Time: 1645 hrs.
Served by (Print Name, Rank and Shield #): Metzel, Capt 1844		Signature of Server: <i>[Signature]</i>			
Refused to Sign for Notice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Witnessed By: <i>[Signature]</i>			

DISTRIBUTION: (SINGLE SIDED) COPY - NOTICE TO INMATE (DOUBLE SIDED WITH FORM 6500B) COPY TO FACILITY

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	CORRECTION DEPARTMENT CITY OF NEW YORK	ATTACHMENT B	
INVESTIGATION REPORT		Form: 8500S Rev.: 08/04/15 Ref.: Dh. 66500R-G	
Please indicate which of the following items are part of the investigation:			
<input type="checkbox"/> Injury to Inmate <input type="checkbox"/> Photos <input type="checkbox"/> Mental Health Clearances <input type="checkbox"/> UOF Reports <input type="checkbox"/> Drug Test Results <input type="checkbox"/> Other _____ <input type="checkbox"/> Red ID/Enhanced Restraint Placement <input type="checkbox"/> NIK Reports (IU) _____ <input type="checkbox"/> PHD (Specify where below) <input type="checkbox"/> Witness Statements _____ <input type="checkbox"/> Property Damage Report <input type="checkbox"/> Confidential Informant _____			
Date Investigation Started: 08/31/20		Date Investigation Concluded: 9/3/20	
		Infraction #:	
INVESTIGATING OFFICIAL'S REPORT			
<p>Investigating official's report shall include observations and conclusions of the physical and documentary evidence. Identify each item and/or document evaluated. If inmate was served more than three (3) business days after incident, state why. Attach 600AS if necessary. If results of investigation indicate that no disciplinary action is warranted, specify the reason(s) for not pursuing disciplinary action.</p> <p>On Monday August 31, 2020 Officer Ferraro #1805 was assigned to 9 South on the 1500x2331 tour. At approximately 1800 hrs, Officer Ferraro observed a flickering light coming from cell #3 which is occupied by inmate RODRIGUEZ, PETER B/C 3491603090 NYSID 09839298P which appeared to have been flames, so Officer Ferraro retrieve a fire extinguisher and begun putting out the fire from the food slot. At this time ESU Capt Moise #1451 instructed Officer Ferraro to depart the area as ESU staff took over ESU officer Galuzvskiy #8957 continued to put the fire out once inmate Rodriguez's cell door was opened. While said Officer extinguished the fire, inmate Rodriguez advanced toward ESU staff which in return caused Officer Williams #11475 to utilized a (1) 2 second burst of chemical agents to said inmates facial area. Inmate Rodriguez was then placed in mechanical restraints. Inmate Rodriguez was later escorted to the intake for the decontamination process without further incident.</p> <p>Based on staff report and gentec angle 191.36 flames and smoke could be seen coming from inmate Rodriguez's cell (3). ESU staff was observed extinguishing the fire as they gave said inmate several verbal commands to step back and place his hands behind him. Inmate RODRIGUEZ refused those command as he is observed extending his hand as he attempted to advance toward staff. At which time Chemical agents was deployed. Therefore I find the following charges 105.10 and 100.10 warranted and should be referred to adjudication for disposition.</p>			
Statement of Inmate Charged: refused			
Statement of Witness(es) - (If more witnesses, attach additional sheets)			
Witness Name (Last, First):		Rank/Title, Shield/ID (If staff) B&C#/Sentence# (If inmate):	
Statement (If none, state such):			
Witness Name (Last, First):		Rank/Title, Shield/ID (If staff) B&C#/Sentence# (If inmate):	
Statement (If none, state such):			
Was inmate Mitzandized in connection with this infraction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hearing Recommended? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inmate transferred pending hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Where?		If PHD, check <input type="checkbox"/> Date: Time:	
Investigating Official's Signature: 		Investigating Official (Print Name, Rank and Shield #): Capt Jones #1341	

	CORRECTION DEPARTMENT CITY OF NEW YORK	ATTACHMENT D	
HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION		Page 1 of 2 Pages	Form: 6600D Eff.: 4/10/19 Ref.: Dir. 6600R-E
Infraction #: 1953-20		Institution: MDC	
Inmate Name (Last, First): RODRIGUEZ, PETER		B&C/ Sentence #: 349-16-03090	NYSID #: 09839298P
Location: 9 SOUTH		Disposition Date: 9.15.22	Disposition Time: 1900 Hrs.
Adjudication Captain (Print Name, Rank & Shield #):			
Folder #:	Hearing Start Date: 9.8.22	Hearing End Date: 9.8.22	
Inmate's Accompanying card Indicates Inmate Received Rule Book: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Inmate requested Witness(es): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If waived, inmate must sign. If denied, state reason.) Reason:			
Inmate requested Hearing Facilitator: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted (If yes, Hearing Facilitator must sign. If waived, inmate must sign.) Reason:			
Inmate Requested Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied (If yes, Interpreter must sign. If waived, Inmate must sign. If denied, state reason.) Reason:			
If inmate advised of right to remain silent was Inmate advised that statements could be used against him/her. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Special Situations			
Hearing in Absentia: <input type="checkbox"/> Inmate Refused to Appear <input type="checkbox"/> Removed from Hearing Due to _____ Specify Reason			
Adjournment: <input type="checkbox"/> By Adjudication Captain Date Reconvened _____ ADW authorization beyond (5) business days _____ <input type="checkbox"/> By Inmate Waived Time Limits to Facilitate Adjournment (Inmate Signature) _____			
Referral: <input type="checkbox"/> Security <input checked="" type="checkbox"/> Mental Health <input type="checkbox"/> Inspector General			
Inmate Pled: <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty <input type="checkbox"/> Guilty with an Explanation			
Summary of inmate's Testimony:			
The following witness(es) testified at your hearing. (If additional witnesses testified, attach additional sheets.)			
Witness Name (Last Name, First Name):		Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate):	
Witness Signature (Present at Hearing):			
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason:			
Summary of Testimony:			
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason:			
Witness Name (Last Name, First Name):		Rank/Title, Shield/ID # (if staff), B&C/Sentence # (if inmate):	
Witness Signature (Present at Hearing):			
Witness testified in the presence of the charged inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason:			
Summary of Testimony:			
Testimony was: <input type="checkbox"/> Credited <input type="checkbox"/> Rejected Reason:			

	CORRECTION DEPARTMENT CITY OF NEW YORK	ATTACHMENT C			
HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION		Page 2 of 2 Pages	Form: 6500D Eff. : 4/10/18 Ref. : Dir. 6500R-E		
DOCUMENTARY EVIDENCE (Where applicable)					
Photograph of Injury:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Photocopy of Weapon:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reports - Specify Types:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Logbooks - Specify Types:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Infraction Investigation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Evidence (List):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Witness Statements (List Witnesses):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
On this date and time following disposition was reached after a hearing on the charges listed below:					
Charge #	Dismissed	Penalty	Guilty	Not Guilty	Basis for Findings & Evidence Relied On
					DPV Vague
Twenty Five Dollar (\$25) Disciplinary Surcharge Grade I or Grade II offenses only: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you have been found guilty of multiple rule violations, these penalties will be served: <input type="checkbox"/> Consecutively <input type="checkbox"/> Concurrently					
Infraction Dismissed: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason: DPV-					
Pre-Hearing Detention Time Credit: _____ Days					
Adjudication Captain (Print Name, Rank, Shield #): <i>James [unclear]</i>				Signature of Adjudication Captain: <i>[Signature]</i>	
You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.					
I certify that I received a copy of this notice:		Signature of Inmate: <i>[Signature]</i>		B&C/Sentence #: _____	
Served by (Print Name, Rank and Shield #): <i>Co. [unclear] 6088</i>		Signature of Server: <i>[Signature]</i>		Date: <i>9/16</i> Time: <i>1530</i>	
Refused to Sign for Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No		Witnessed By: <i>[Signature]</i>			

Dec 10th, 2020

ATTN: PRO SE INTAKE UNIT
CLERK OF ^{THE}COURT

I AM ~~PETER~~ RODRIGUEZ, PLAINTIFF
OF DOCKET # 20 cv 9840.

I AM writing this to inform the
clerk that enclose are the
AMENDED COMPLAINT for Docket #
20 cv 9840 AND ALSO sending
the infraction and DISPOSITION
from the complaint and I WOULD
LIKE for it to be Documented on
file.

Respectfully submitted,

Peter Rodriguez



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Peter Rodriguez 3491608090
125 White St MDC
NY, NY 10013

100781315 001
F100 31E1370001



Southern District of NY
Prose intake unit
500 Pearl St. RM 200
NY, NY 10007



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